

Case Number:	CM13-0053859		
Date Assigned:	12/30/2013	Date of Injury:	03/04/2004
Decision Date:	03/09/2015	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 37 year old male who sustained an industrial injury to his lower back on 3/4/2004. He has reported ongoing pain in his lower back radiating to bilateral lower extremities. The pain is rated 7/10. He continues to use his lumbar spinal stimulator implanted 12/19/11 which provides relief of 45-50 percent of pain. The diagnoses have included bilateral lower extremity radiculopathy, lumbar post laminectomy syndrome, status post lumbar re-exploration and revision at L4-5 11/12/2007, cervical spine myoligamentous injury, depression, spinal cord stimulator placement 12/19/2011, motor vehicle accident 3/28/12 industrially related, medication induced xerostomia and dental issues, and medication induced gastritis. Treatment to date has included medication, lumbar epidural steroid injections, trigger point injections, diagnostics, lumbar spinal cord stimulator, acupuncture, cognitive behavioral psychotherapy, physical therapy, ongoing stretching exercises, and steroid injections. An agreed medical examination (AME) 10/24/12 provided medication history that includes use of norco as far back as 2007, with periods of use of other opioid medication including oxycontin, duragesic, methadone, and morphine pump. History provided in the AME report includes documentation of hospitalization for mental breakdown in 2009 at which time the injured worker was diagnosed with bipolar disease. A report from the primary treating physician on 3/12/13 noted that the injured worker was requiring escalating doses of norco. This progress note also documents that the injured worker voluntarily admitted himself to a psychiatric hospital on 11/9/12 due to feeling overwhelmed regarding his chronic pain condition and disability, and that he was at that time under the care of a psychiatrist and being treated with Depakote and lithium which were

reported to be beneficial in stabilizing his mood. Medications as of 3/12/13 included lithium, Depakote, norco, Xanax, Prilosec, anaprox DS, chloral hydrate, and dendracin cream; a urine drug screen on that date was noted to be consistent with the injured worker's medications. The progress note of 8/23/13 notes that the injured worker takes between 6-8 norco tablets per day, and that the psychiatrist recently added remeron which was beneficial in stabilizing his mood. The physician documented that the injured worker is to return to work on a trial basis with restrictions. Work status as of 9/19/13 was noted as partially temporarily disabled. It was noted on that date that the injured worker was to continue cognitive behavioral psychotherapy sessions with a psychologist. Another urine drug screen was noted to be consistent with prescribed medications. He was noted to be working as of the 10/18/13 office visit. At that visit, he reported ongoing pain in the lower back with radiation to both lower extremities rated 7 out of 10 in intensity and axial neck pain with associated cervicogenic headaches since the motor vehicle accident on 3/28/12; he was taking 6 to 8 tablets of norco per day. Physical examination showed stiff antalgic gait, tenderness to palpation bilaterally of the posterior lumbar musculature with trigger points and decreased range of motion, motor testing of the lower extremities 4 to 4 plus out of 5 bilaterally, straight leg raise positive on the left, and decreased sensation globally in the left lower extremity. Medications as of 10/18/13 included norco, Xanax, Prilosec, anaprox DS, ambien, dendracin cream, lithium, Depakote, and remeron. On 11/5/13 Utilization Review non-certified requests for norco 10/325 mg 8 tablets a day #240 due to the prescription being not consistent with short term use, and prilosec 20 mg #60 due to lack of history of gastrointestinal problems or intolerance to nonsteroidal anti-inflammatory medication (NSAID) use. Utilization Review modified a request for remeron 15 mg #60 to remeron 15 mg #20, noting that it was unclear in this case the exact indication for this medication and length of time the IW was taking it. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Prilosec 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): p. 68.

Decision rationale: Co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age of 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (1 year) has been shown to increase the risk of hip fracture. The injured worker has been prescribed Prilosec for at least 8 months. Documentation submitted notes a diagnosis of medication-induced gastritis; however, there was no documentation of gastrointestinal signs or symptoms, no documentation of abdominal examination, and no documentation of intolerance to the prescribed NSAID, Anaprox DS. No high-risk conditions as

noted above were documented for this injured worker. The request for Prilosec 20 mg #60 is not medically necessary.

Remeron 15mg, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anxiety medications in chronic pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): p. 401-402. Decision based on Non-MTUS Citation mental illness and stress chapter: antidepressants

Decision rationale: The injured worker was noted to have a diagnosis of depression and was being treated with medication by a psychiatrist and with cognitive-behavioral therapy by a psychologist. Records submitted note treatment with Depakote, lithium, and remeron, with use of remeron for approximately three months. Remeron was noted to be beneficial in stabilizing the injured worker's mood. The MTUS notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, and that referral for medication evaluation may be worthwhile. The ODG recommends use of antidepressants in the treatment of depression. The request for remeron 15 mg #60 is medically necessary.

Norco 10/325mg, 8 tablets a day #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): p. 74-96.

Decision rationale: The MTUS recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. The documentation includes discussion of two urine drug screens, but there was no discussion of an opioid contract. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient (has failed a trial of non-opioid analgesics). The documents submitted show opioid use has been ongoing for seven years. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, (mechanical and compressive etiologies), and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids. Although the injured worker was noted to have returned to work with restrictions, it was not specified that this was a result of treatment with norco versus the multiple additional interventions noted. There was no evidence for decreased dependence on medical care, as office visits continue at the same frequency. Hydrocodone has a recommended maximum dose of 60 mg per 24 hours. The documentation notes that the injured worker was taking up to 8 tablets of Norco daily, and the request is for 8 tablets a day, which exceeds the maximum recommended

dose. For these reasons, the request for Norco 10/325 mg 8 tablets a day #240 is not medically necessary.